FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	FORM 1 ORGANIZATION												
	(See instructions)						Office use only						
NAME OF COMMITTEE (in	n full) (C	Check if name changed)	Exar over	nple: If typying, the lines	type	12FE	4M5	1 1					
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(Check if add is changed)	ress Suite 3		11			<u> </u>			 036				
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COMMITTEE'S E-MA	AU ADDRESS	(CITY			STATE	•		ZIP COE	DE 📥			
mgkelley@wr											1		
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COMMITTEE'S WEE	DACE ADDRESS (UD)	<u> </u>		1 1 1 11									
COMMITTEES WEE	3 PAGE ADDRESS (URL	-)											
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COMMITTEE'S FAX 202-659-4953	NUMBER												
2. DATE M	M / D D / Y 5 19	2 0 0 8 °											
3. FEC IDENTIFIC	ATION NUMBER	C	C00	390674									
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)													
I certify that I have exan	nined this Statement and to	the best of my knowl	edge an	d belief it is true,	correct and	d complete	Э						
	84.	wadith Kallay											
Type or Print Name or	i Treasurer	eredith Kelley											
Signature of Treasure	er Electronically Filed b	oy Meredith Ke	elley			Date	0 5	/ D	1 9 /	Y Y	0 0 8		
NOTE: Submission of fa	alse, erroneous, or incompl	ete information may s GE IN INFORMATION							.S.C. S4	37g.			
Office Use Only				For further info Federal Election Toll Free 800-4 Local 202-694-	n Commissi 24-9530				C FOI		1		

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